

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078020 (0)

1. Corporation Name

C AND J ENTERPRISES, OF ORLANDO INC.

Principal Place of Business 1025 FLAMINGO DRIVE ORLANDO FL 32803	Mailing Address 1025 FLAMINGO DRIVE ORLANDO FL 32803
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2. Principal Place of Business 21 935 S. MILLS AVE Suite, Apt. #, etc.	2a. Mailing Address 26 935 S. MILLS AVE Suite, Apt. #, etc.
22	27
City & State 23 ORLANDO, FL Zip 32806-1308	City & State 28 ORLANDO, FL Zip 32806-1308
24 32806-1308 25 ORANGE	29 32806-1308 30 ORANGE

9. Name and Address of Current Registered Agent FLYER, CALVIN R 1025 FLAMINGO DRIVE ORLANDO FL 32803	81 Name FLYER, CALVIN R
	82 Street Address (P.O. Box Number is Not Acceptable) 935 S MILLS AVE
	83
	84 City ORLANDO, FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYER, CALVIN R 1025 FLAMINGO DRIVE ORLANDO FL 32803	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLYER, CALVIN R, 935 S MILLS AVE ORLANDO, FL 32806-1308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLYER, JEANETTE B 1025 FLAMINGO DRIVE ORLANDO FL 32803	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLYER, JEANETTE B, 935 S. MILLS AVE ORLANDO, FL 32806-1308
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Calvin R. Flyer

FILED
Apr 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1996	4. FEI Number 59-3411459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Name and Address of New Registered Agent
		FL 85 Zip Code 32806-1308

CR2E034 (10/97)

03-83-98 407 H97-9954